

# **Working Together to Manage Diabetes: A Toolkit for Pharmacy, Podiatry, Optometry, and Dentistry**

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





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# Agenda



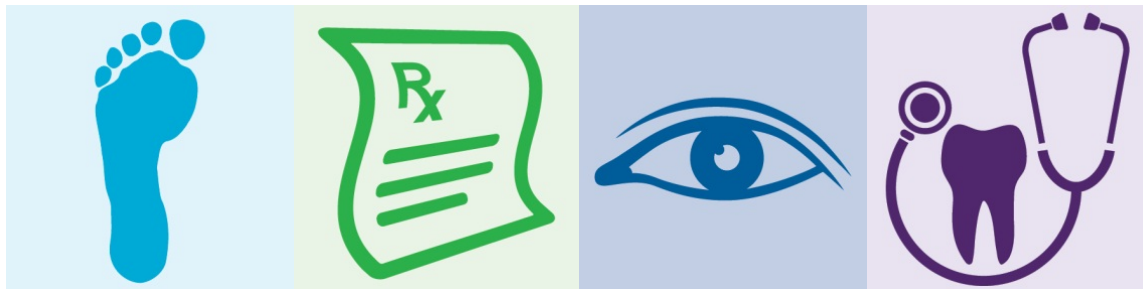
- Background
- The Pharmacy, Podiatry, Optometry, and Dentistry (PPOD) Toolkit and Guide
  - PPOD Specialty Sections
  - Implementation Strategies
  - Resources for Patients



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# Background



- National Diabetes Education Program (NDEP)
- Diabetes Overview
- PPOD and Why It's Important



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## What Is NDEP?

- Established in 1997 as an initiative of the U.S. Department of Health and Human Services to:
  - Promote early diagnosis.
  - Improve diabetes management and outcomes.
  - Prevent/delay the onset of type 2 diabetes in the United States and its territories.
- Jointly sponsored by Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH).
- Involves 200+ federal, state, and private sector agency partners.



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# How Big Is the Problem?

## FAST FACTS ON DIABETES

***Diabetes affects 25.8 million people—  
8.3% of the U.S. population***

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**DIAGNOSED**  
***18.8 million people***

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**UNDIAGNOSED**  
***7.0 million people***

All ages, 2010



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# What Is Diabetes?

High blood sugar occurs in those with diabetes because:

- The pancreas does not make enough insulin

**OR**

- The cells of people with diabetes do not respond to insulin normally.







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# Diabetes Is a Serious Disease

- Diabetes is one of the top 10 leading causes of death in the United States.
- Diabetes is a leading cause of:
  - Blindness
  - Nontraumatic lower-leg amputation
  - Stroke
  - Heart attack
  - Kidney damage
  - Periodontitis





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## Every 24 Hours...

- 5,225 new cases of diabetes are diagnosed.
- 133 people begin treatment for end-stage renal disease.
- 180 nontraumatic lower-limb amputations are performed.
- 634 people die from diabetes, or diabetes is a contributing cause of their death.







# Diabetes Complications

- The risk of periodontal disease is two to three times higher in adults with diabetes.
  - About one third of people with diabetes have severe periodontal disease.
- 60%–70% of people with diabetes have mild to severe nervous system damage.
  - Almost 30% of people ages 40 and over with diabetes have impaired sensation in their feet.
- Diabetes is the leading cause of new cases of blindness among adults ages 20–74 years.



## Medication Costs

- Medications for diabetes—including prescription medications, insulin, and other antidiabetic agents—represent more than 28% of all health expenditures attributed to diabetes.
- Of the projected \$286 billion in national cost for medications:
  - \$77 billion (27%) is incurred by people with diabetes.
  - \$50 billion of that is attributed to their diabetes.

American Diabetes Association. Economic costs of diabetes in the U.S. in 2012. *Diabetes Care* 2013;36(4):1033–46.

Herman WH, Hoerger TJ, Brandle M, et al. The cost-effectiveness of lifestyle modification or metformin in preventing type 2 diabetes in adults with impaired glucose tolerance. *Ann Intern Med.* 2005; Mar 1;142(5):323–32. Available at <http://www.ncbi.nlm.nih.gov/pubmed/15738451>.



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## What Is PPOD?

PPOD is a collaborative team approach that:

- Engages many health care providers who treat patients with diabetes.
- Reinforces consistent diabetes messages across four disciplines:
  - Pharmacy
  - Podiatry
  - Optometry
  - Dentistry



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# What Can PPOD Providers Do?

PPOD providers can:

- Embrace a team approach to diabetes care.
- Recognize signs of diabetes and systemic concerns across all PPOD areas.
- Reinforce the importance of annual screenings and healthy habits.
- Educate patients about diabetes.
- Encourage self-management.
- Provide treatment.





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## Why Do We Need PPOD?

- PPOD makes a difference for patients with diabetes.
- A team approach to diabetes care:
  - Reduces risk factors.
  - Improves diabetes management.
  - Lowers the risk for chronic disease complications.



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# A PPOD Provider May Be the First to See a Person Having a New Problem

- Patients may consult a PPOD provider about new symptoms that may be diabetes-related before consulting with a primary care provider.
- Regular communication provides an opportunity to keep diabetes on the patient's radar screen.







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# **A PPOD Provider May Be the First to See a Person Having a Problem**

- PPOD providers are well positioned to advise and educate their patients about diabetes control and prevention.
- All providers need to give consistent messages, recognize early danger signs, and promote the team approach.



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## Benefits to Patients

- Access to integrated diabetes care across specialty and primary care areas.
- Regular communication among your team of health care providers.
- Strong focus on preventive care.





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# The PPOD Guide





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# Working Together to Manage Diabetes

- Offers an overview of team approach to care.
- Includes details for each PPOD specialty area on:
  - Current data and trends
  - Common diabetes-related complications
  - Assessment techniques
  - Key warning signs
  - Patient education information
- Serves as a “cross-education” resource, **not** a comprehensive guide to subspecialty care.



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# Working Together to Manage Diabetes: Considerations

- Guide provides a “quick course” on each specialty and its relation to diabetes.
- Each section is written for providers OUTSIDE of the specialty to read.
- Your own specialty section may seem “simplistic.”
- The goal of the PPOD Guide is to relay consistent messages across the disciplines.



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# Key Message to Prevent Diabetes Complications: Control the ABCs

- **A1c:** Blood glucose control
- **B:** Blood pressure control
- **C:** Cholesterol (Blood lipid) control
- **S:** Smoking (and use of other tobacco products) cessation (and don't start)
- Preventive care practices for eyes, kidneys, feet, teeth, and gums





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# PPOD Specialty Sections

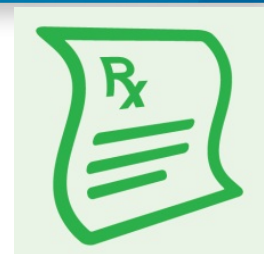


What PPOD Specialists Want Other Members of the Team to Know About Their Specialties



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# Medication Therapy Management and Diabetes

More than:

- 50% of patients with chronic disorders do not take medication properly.
- 60% of people with diabetes do not have their blood glucose in goal range.





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# Medication Therapy Management and Diabetes Complications

Medication-related complications can include:

- Serious illness, long-term disability, death
- Inability to achieve desired results
- Inefficient use of money



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## Role of Pharmacists

Pharmacists are unique members of the health care team because:

- Patients often see their pharmacist ***seven times more often*** than their doctor.
- Pharmacists are often available all day and into evenings and weekends—with no appointment needed.



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## Role of Pharmacists (cont.)

- Monitor drug regimens.
- Work with patients to develop a plan to reduce risk of side effects and drug interactions.
- Advise patients on how to take medications properly.
- Provide other information to help control diabetes.
- Communicate with health care team.



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# Key Questions to Ask Your Patients About Medication Therapy Management

**Patients should be referred to a pharmacist if the answers to these questions are “no” or “unsure”:**

- Do you have a list of all your medicines, vitamins, and supplements?
- Do you know the reason why you take each medicine?
- Have you reported any side effects from your medicines to your pharmacist?





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## Example: PPOD in Action

- 40-year-old woman notices blurry vision and asks her pharmacist about reading glasses.
- Pharmacist discovers that patient was diagnosed with diabetes last year but did not return for follow-up appointment.
- Pharmacist advises that changes in vision may be a sign of diabetes, not a need for reading glasses.
- Pharmacist arranges primary care visit and eye care visit for follow-up.
- Pharmacist also refers her to the NDEP website at [www.cdc.gov/diabetes/ndep](http://www.cdc.gov/diabetes/ndep) for more materials.



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# Foot Health and Diabetes

- More than 60% of nontraumatic lower-limb amputations occur in people with diabetes.
- Patients with diabetes are 15–26 times more likely to have an amputation than patients without diabetes.
- Up to 20% of diabetes patients who participate in routine foot care will have a treatable foot care problem.



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# Foot Exams

Annual comprehensive exams:

- Help determine risk for developing foot complications.
- Educate high-risk patients on how to properly care for their feet.
- Prevent low-risk patients from becoming high-risk.





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# Key Questions to Ask Your Patients About Foot Health

**Patients should be referred to a podiatrist if the answers to these questions are “no” or “unsure”:**

- Do you get a full foot exam by a podiatrist at least once a year?
- Do you know how diabetes can affect your feet?
- Do you know how to check your feet every day?



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## Example: PPOD in Action

- A 70-year-old man consults a podiatrist because of corns on his feet, which he says have caused him not to walk much.
- The podiatrist explains that regular exercise has many benefits, including diabetes prevention and management.
- The podiatrist shares the PPOD fact sheet for patients, *Diabetes and You: Your Feet Matter!*, and points out the website and toll-free number for more resources.





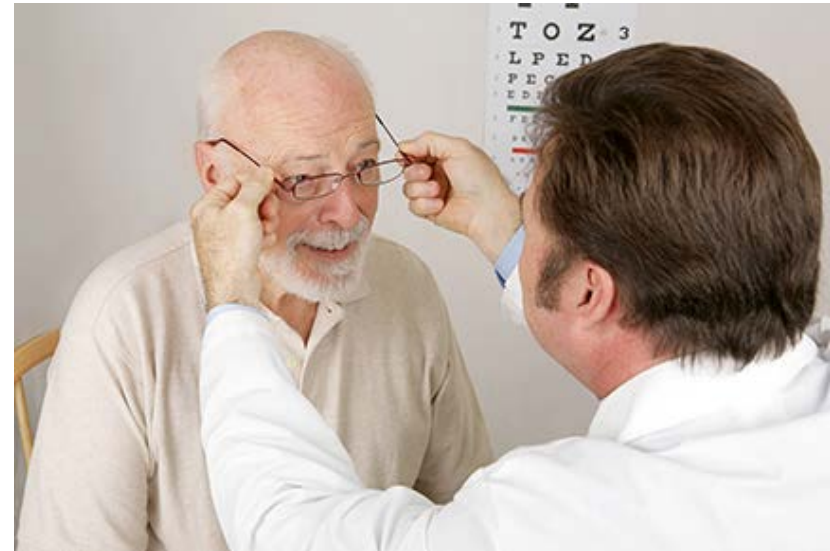
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# Eye Health

- 11% of U.S. adults with diabetes have a form of visual impairment.
- Adults with visual function loss are at least 90% more likely to have depression than those without visual function loss.



CDC. National diabetes fact sheet: National estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011. Available at <http://www.cdc.gov/diabetes/pubs/factsheet11.htm>. Zhang, X, Bullard, KM, Cotch, MF, et al. Association between depression and functional vision loss in persons 20 years of age or older in the United States, NHANES 2005–2008. *JAMA Ophthalmol.* 2013; 131(5): 573–81. Doi: 10.1001/jama ophthalmol.2013.2597. Available at <http://archophth.jamanetwork.com/mobile/article.aspx?articleid=1660943>.





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# Eye Exams

Annual comprehensive vision evaluations with a dilated retinal examination:

- Educate high-risk patients on how to care for and monitor their eye health.
- Prevent low-risk patients from becoming high-risk.



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# Key Questions to Ask Your Patients About Eye Health

**Patients should be referred to an optometrist if the answers to these questions are “no” or “unsure”:**

- Do you get a full eye exam with dilated pupils at least once a year?
- Do you know how diabetes can affect your eyes?
- Do you know what to do if you have vision changes?



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## Example: PPOD in Action

- A 45-year-old African American woman brings her mother for her annual comprehensive diabetes eye exam.
- The eye care provider asks if she has ever considered that she, too, is at risk for developing type 2 diabetes.
- The provider gives the woman *NDEP's Am I At Risk?* brochure and points out the NDEP website and toll-free number for more information and resources.
- The provider suggests the woman make a follow-up appointment with her own primary care provider.



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# Oral Health and Diabetes

- 85% of patients with type 2 diabetes report that they have received no information on the association between diabetes and oral health.
- Periodontal disease has been associated with poor glycemic control.
- Tobacco use and poor nutrition are risk factors for compromised oral health.



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# Oral Health Exams

- Encourage regular (annual or more frequent) oral examinations.
- Educate patients about:
  - The link between diabetes and oral health.
  - Self-management skills to properly care for teeth.
- Prevent low-risk patients from becoming high-risk.



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# Key Questions to Ask Your Patients About Oral Health

**Patients should be referred to a dentist if the answers to these questions are “no” or “unsure”:**

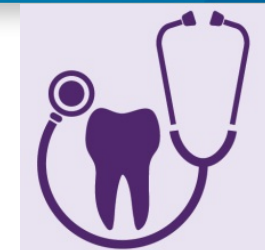
- Do you visit your dental provider at least once a year for a full mouth exam?
- Do you know how diabetes can affect your teeth and gums?
- Do you know the early signs of tooth, mouth, and gum problems?



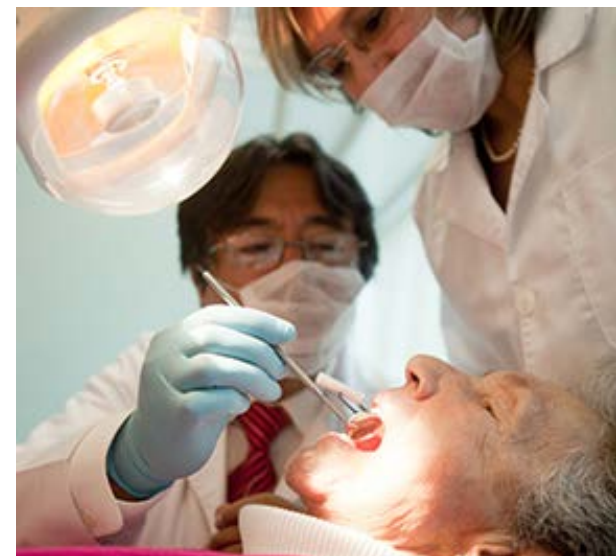
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## Example: PPOD in Action



- A dental patient is scheduled for a procedure, but she doesn't understand how to manage the timing of her insulin injections.
- The dentist arranges a pharmacy consultation for the patient.
- The patient and pharmacist develop an individualized medication schedule together.







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# Implementation



- What Is Included in the PPOD Toolkit?
- Other NDEP Resources
- How to Get Started



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## What Is Included in the PPOD Toolkit?

- *Working Together to Manage Diabetes:  
A Guide for Pharmacy, Podiatry, Optometry, and Dentistry*
- Patient education sheet and patient care checklist
- Patient fact sheet series:
  - *Diabetes and You: Your Eyes Matter!*
  - *Diabetes and You: Your Teeth Matter!*
  - *Diabetes and You: Your Feet Matter!*
  - *Diabetes and You: All Medicines Matter!*
- PPOD PowerPoint presentation
- PPOD promotional materials
- *Working Together Medications Supplement*





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# PPOD Multidisciplinary Patient Care Checklist

- Promotes increased collaboration among all members of the health care team.
- Documents key exam measures for sharing with providers and patients.

During pilot test of checklist, 74.3% of providers stated they were likely to change their practice to more of a team approach.

Diabetes Head to Toe Checklist Examination Report			
From:		To:	
Your organization's name here			
<b>Patient Information:</b>			
Name:		DOB:	
Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Gestational <input type="checkbox"/> Prediabetes		HbA1c Goal: <input type="checkbox"/> < 6 months <input type="checkbox"/> >= 6 months <input type="checkbox"/> Unknown	
Duration of Diabetes (in years):		Current Diabetes Therapy: <input type="checkbox"/> Insulin <input type="checkbox"/> Oral Hypoglycemic <input type="checkbox"/> Diet Control <input type="checkbox"/> None	
Results of Last Finger-stick blood glucose reading (per patient):		Patient reports under control <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dietary Counseling <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Diet:			
MEDICINES	Date:	Reports Side Effects to Meds <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Glucose Monitoring Frequency:
	Patient has a written med list <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:	<input type="checkbox"/> once daily
MEDICINES	OTC Meds Used: (if none: <input type="checkbox"/> )	Reports hypoglycemia events? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> twice daily
	Herbal Meds Used: (if none: <input type="checkbox"/> )	If yes, describe:	<input type="checkbox"/> 3-4 times daily
MEDICINES	Pharmacist reviewed meds on (date):	Does patient know their current:	<input type="checkbox"/> Other:
	Patient has Rx for: (provide reason if "no")	A1c? <input type="checkbox"/> Yes <input type="checkbox"/> No Goal A1c? <input type="checkbox"/> Yes <input type="checkbox"/> No	If on insulin, list current dose:
MEDICINES	Aspirin <input type="checkbox"/> Yes <input type="checkbox"/> No:	LDL? <input type="checkbox"/> Yes <input type="checkbox"/> No Goal LDL? <input type="checkbox"/> Yes <input type="checkbox"/> No BP? <input type="checkbox"/> Yes <input type="checkbox"/> No	List dosing times:
	Cholesterol med <input type="checkbox"/> Yes <input type="checkbox"/> No:	ACE inh or ARB <input type="checkbox"/> Yes <input type="checkbox"/> No:	
MEDICINES	Date:	Smoking status: (circle all that apply)	History of myocardial infarction,
	Risk factors in addition to diabetes:	Never Former Current Willing To Quit	heart failure, or stroke:
MEDICINES	Blood Pressure: Goal: Measured:	Urine albumin-to-creatinine ratio:	Heart or brain testing (e.g. stress test,
	Total, LDL and HDL cholesterol,	Serum creatinine and estimated GFR:	echo, angiogram, CT scan, ultrasound,
MEDICINES	Triglycerides: LDL goal and measured values for all	Potassium:	History of dialysis or kidney transplant:
		Hemoglobin:	Kidney tests (ultrasound, CT Scan,
FEET	Date:	Pedal Pulses - "P" for present or "A" for absent	Angiogram:
	Current ulcer or history of a foot ulcer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Posterior tibial Left Right Dorsalis pedis Left Right	
FEET	Foot Exam: Skin, Hair, and Nail Condition	Risk Categorization check appropriate box.	
	Is the skin thin, fragile, shiny and hairless? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low Risk Patient <input type="checkbox"/> High Risk Patient	
FEET	Are the nails thick, too long, ingrown, or infected with fungal disease? <input type="checkbox"/> Yes <input type="checkbox"/> No	All of the following:	One or more of the following:
	Note Musculoskeletal Deformities	<input type="checkbox"/> Intact protective sensation <input type="checkbox"/> Loss of protective sensation	<input type="checkbox"/> Absent pedal pulses
FEET	<input type="checkbox"/> Toe deformities <input type="checkbox"/> Bunions (Hallus Valgus) <input type="checkbox"/> Charcot foot	<input type="checkbox"/> Pedal pulses present	<input type="checkbox"/> Absent pedal pulses
	<input type="checkbox"/> Foot drop <input type="checkbox"/> Prominent Metatarsal Heads	<input type="checkbox"/> No deformity	<input type="checkbox"/> Foot deformity
EYES	Date:	<input type="checkbox"/> No prior foot ulcer	<input type="checkbox"/> History of foot ulcer
	Visual Acuity (best corrected) Right: Left:	<input type="checkbox"/> No amputation	<input type="checkbox"/> Prior amputation
EYES	Intraocular Pressure Right: Left:	Plan:	
	<input type="checkbox"/> Dilated Fundus Exam Performed	<input type="checkbox"/> Monitor Only <input type="checkbox"/> Repeat Dilated Exam in months	
EYES	Diagnosis:	<input type="checkbox"/> Additional Testing/Treatment Recommended:	
	No Diabetic Retinopathy <input type="checkbox"/> Yes <input type="checkbox"/> No	Proliferative Diabetic Retinopathy <input type="checkbox"/> Yes <input type="checkbox"/> No	
MOUTH	Date:	Clinically Significant Macular Edema <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Intraoral/Extraoral:	Examination Findings	
MOUTH	Caries:	Xerostomia:	
	Periodontal (health, abscesses, gingivitis, periodontitis):	Fungal infection:	
MOUTH	Functional (eating, swallowing, etc) concerns:	Parotid gland changes:	
	Additional Testing/Treatment Recommended:		
MOUTH	Refer to Specialist:	Re-evaluate in (months)	
<b>Management:</b>			
<input type="checkbox"/> Follow-up: months		<input type="checkbox"/> Patient education/discussion	
Referral To:		<input type="checkbox"/> Information pamphlet given	



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# PPOD Patient Fact Sheets

- Created a general diabetes PPOD fact sheet for patients.
- Pilot tested with patients.
- Reviewed content for health literacy.
- Developed four new fact sheets—one for each PPOD specialty area.



### I Can Control My Diabetes By Working With My Health Care Team!



**To team up with my pharmacist, I will—**

- Make a list of all my medicines, the exact doses, and include over-the-counter medicines, vitamins, and herbal supplements.
- Update and review the list with my pharmacist every time there is a change.
- Ask how to take my medicine and use supplies to get the best results at the lowest cost.
- Ask about new medicines that I can talk about with my doctor.



**To team up with my podiatrist, I will—**

- Get a full foot exam by a podiatrist at least once each year.
- Learn how to check my feet myself every day.
- See my podiatrist right away if I develop any foot pain, redness, or sores.
- Ask about the right shoes for me.
- Make sure my feet are checked at every health care visit.



**To team up with my eye care provider, I will—**

- Ask for a full eye exam with dilated pupils each year.
- Ask how to prevent diabetic eye disease.
- Ask what to do if I have vision changes.





**To team up with my dental provider, I will—**

- Visit my dental provider at least once a year for a full mouth exam.
- Learn the best way to brush my teeth and use dental floss.
- Ask about the early signs of tooth, mouth, and gum problems.
- Ask about the link between diabetes and gum disease.

**To control my diabetes every day, I will—**

- Be more active—walk, play, dance, swim, and turn off the TV.
- Eat a healthy diet—choose smaller portions, more vegetables, and less salt, fat, and sugar.
- Quit if I smoke or use other tobacco products—tobacco use increases the risk of health problems from diabetes. To quit, call: 1-800-QUIT-NOW (1-800-784-8689).
- Ask all my providers to share my exam results with my other health care providers.
- Learn about managing my diabetes by visiting [www.yourdiabetesinfo.org](http://www.yourdiabetesinfo.org).
- Control my ABCs of diabetes:
  - ▶ **A1c.** This test measures average blood sugar levels over the last 3 months. The goal is less than 7% for many people but your health care provider might set different goals for you.
  - ▶ **Blood Pressure.** High blood pressure causes heart disease. The goal is less than 130/80mm Hg for most people.
  - ▶ **Cholesterol.** Bad cholesterol or LDL (Low Density Lipoprotein) builds up and clogs your arteries. The goal is an LDL less than 100 mg/dl.

For more FREE information on how to prevent and control diabetes call the National Diabetes Education Program (NDEP) at 1-866-659-NDEP (6337), TTY 1-866-569-1162, or visit [www.yourdiabetesinfo.org](http://www.yourdiabetesinfo.org).



NDEP is a partnership of the Centers for Disease Control and Prevention, the National Institutes of Health, and more than 200 public and private organizations.

CDC/2736-A NDEP-128



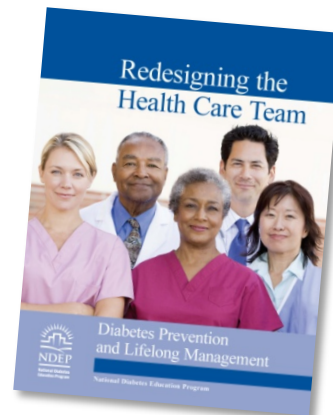
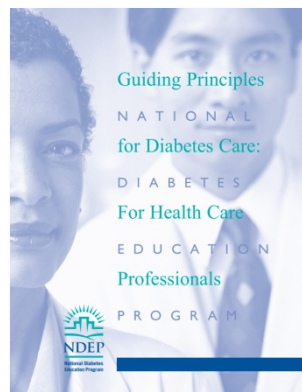
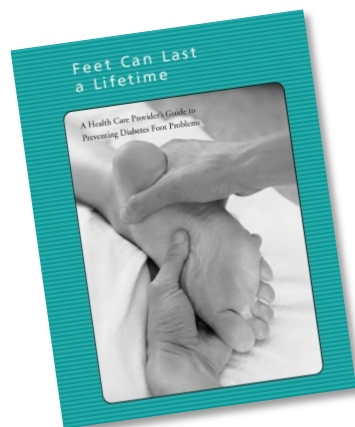
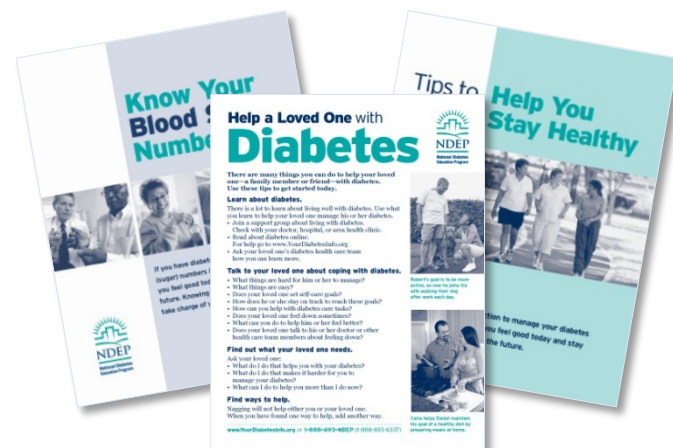
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# Other NDEP Resources Available Online

Resources available for many audiences:

- Individuals with all types of diabetes
- Individuals at risk for type 2 diabetes
- Health care professionals





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## PPOD: How to Get Started

- **Review and download** the PPOD Guide and other Toolkit materials at [www.cdc.gov/diabetes/ndep](http://www.cdc.gov/diabetes/ndep).
- **Review and identify best strategies** to implement PPOD in your practice.
- **Share a consistent message** with your patients about controlling their ABCs.
- **Pay attention** to signs of problems in other PPOD areas and **make referrals**.





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# Practice True Multidisciplinary Team Care!

- **Collaborate** with other health care providers, including podiatrists, pharmacists, optometrists, and dentists, primary care physicians, nurse practitioners, diabetes educators, physician assistants, and community health workers.
- **Network** with local associations and local chapters of national associations.
- Consider creating a **local PPOD coalition** in your state or community.
- **Tailor and use PPOD materials** for patients in your practice and providers in your coalition.

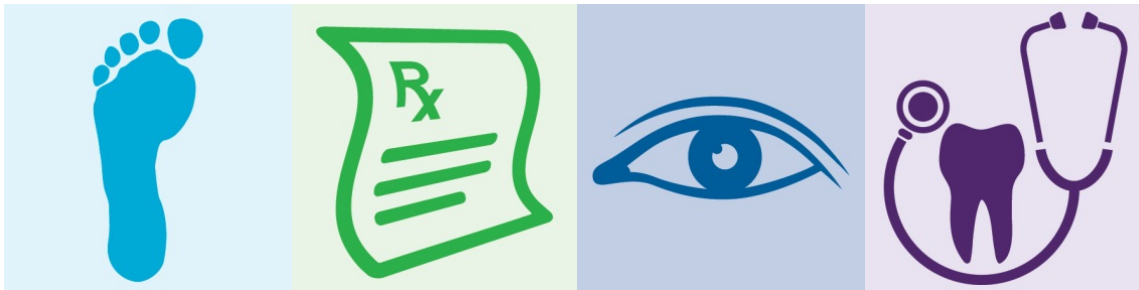




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# Thank you!



Visit [www.cdc.gov/diabetes/ndep](http://www.cdc.gov/diabetes/ndep)  
for more resources for health care  
professionals *and* patients.



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For more information, call 1-800-CDC-INFO (800-232-4636)

TTY 1-888-232-6348 or visit [www.cdc.gov/info](http://www.cdc.gov/info).

To order resources, visit [www.cdc.gov/diabetes/ndep](http://www.cdc.gov/diabetes/ndep).

